

PROFESSIONAL ENGINEER OR LAND SURVEYOR

ROSTER LISTING / 43 (176)

State Form 36041 (R6 / 11-02)

Approved by State Board of Accounts, 2002

Check one:

☐ Engineer☐ Land Surveyor

* SOCIAL SECURITY NUMBER

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* Your Social Security Number is being requested by this State Agency under the provisions of IC 4-1-8-1. **Disclosure is mandatory.** This information will be made accessible to the Indiana Department of Revenue.

Please complete this form and return with applicable registration fee.

Professional engineer registration fee: ☐ \$50.00 ☐ \$100.00

Registered land surveyor registration fee: ☐ \$50.00 ☐ \$100.00

Make check or money order payable to: Indiana Professional Licensing Agency
302 W. Washington St., Room 034
Indianapolis, Indiana 46204-2700
Telephone: (317) 232-2980

NOTE: If you wish to expedite the issuance of your registration, remit fee in the form of a money order or a cashier's check, with this completed roster listing.

ROSTER LISTING - FIRST LINE

On the four lines immediately below, insert your name and the address to which you want your mail sent, including city, state and ZIP code.

Except for certain abbreviations, the information on these four lines will be used for roster and mailing purposes. In the roster, for alphabetical listings, your last name will appear first followed by the first and middle names or initials, and other identification such as Sr., Jr., Gen., Comdr., etc. All of this will appear on ONE line of the roster and must be confined to the number of spaces shown.

NAME (first, middle, last)

[illegible]

MAILING ADDRESS (If company address is used, include company name)

[illegible]

CONTINUE

[illegible]

CITY

[illegible]

STATE

ZIP CODE

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OFFICE USE

Type	Fee paid
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\$

Application number

Date of application

Board approval date

Registration

EXAMINATION STATUS

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COMITY status	State
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<input type="checkbox"/>	
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ROSTER LISTING - SECOND LINE (optional)

The two lines below will constitute a second line in the roster, if desired, indented below your name. This will be a "free flow" line and, to the extent available in the 58 spaces, can include data to provide a more complete identification of you and your practice such as: position or title, business connection, address including ZIP code, if address is different than your mailing address which is inserted above. You are NOT required to enter anything in the space below.

YOUR POSITION OR TITLE, TYPE OF PRACTICE, FIRM NAME AND ADDRESS ETC.

[illegible]

CONTINUE

[illegible]